

Armed Forces College of Medicine AFCM



Musculoskeletal & Integumentary System

Assessment plan

- Mid module exam: 90% MCQs & 10% SEQs.... 20 marks
- End module exam: 90% MCQs & 10% SEQs.... 40 marks
- Final written exam: 70 % MCQs & 30% SEQs.... 80 marks

Examples of short essay questions

Anatomy

List contents of cubital fossa from medial to lateral.

- 1- Median nerve
- 2- Brachial artery
- 3- Biceps tendon
- 4- Radial nerve

Anatomy

- Predict sensory & motor defects following sciatic nerve injury.
- Answer:
- <u>Motor effect -:</u> The hamstring muscles are paralyzed, but weak flexion of the knee is possible because of the action of sartorius (femoral nerve) and gracilis (obturator nerve).
- All the muscles below the knee are paralyzed.
- Deformity: foot drop.
- Sensory loss: Sensation is lost below the knee except the area supplied by saphenous nerve.

Physiology

•Q1; Enumerate/List properties of Properties of neuromuscular transmission.

- •1-Unidirectional
- •2- Delay
- •3-Fatigue
- •4- Can be stimulated or inhibited

Physiology

•Q2: Define oxygen Debt.

<u>Answer</u>

Extra-amount of O2 that must be taken into the body during recovery period after muscular exercise.

Physiology

Q3: Describe steps of smooth muscle contraction.

- 1) Calcium influx into the cytoplasm: Mainly (90%) from ECF [via voltage-gated calcium channel & ligand-gated calcium channels] And only (10%) from the poorly developed SR
- 2) ↑ Cytoplasmic Ca++ concentration which binds to calmodulin and form calcium calmodulin complex.
- 3) Activation of calmodulin dependent myosin light chain kinase enzyme (MLCK) of the thick filament.
- 4) MLCK phosphorylates myosin light chains, a component of the myosin cross bridges, which allows the myosin ATPase to be activated.
- 5) ↑ Myosin ATPase activity. Binding of myosin to actin.

Pathology

•1-Define squamous cell Papilloma?

•Answer:

Epithelial tumor forming gross or microscopic fingerlike projections

Pathology

- 2- A 15-year-old boy is brought to the emergency room because of severe pain in the left hip. History reveals that he fell and had a small injury 10 days ago. On examination, he has fever and tenderness over left hip region. X-ray reveals a lytic lesion at the upper femur with necrotic bone fragments. Aspiration of the lesion reveals pus.
- •A- What is the diagnosis of this lesion?

Answer :Osteomyleitis *

- B- Mention 2 complications of this lesion?
- •Complications:
- Pathological fracture.
- Direct spread of infection

 arthritis, myositis, neuritis...
- Blood spread of infection [] toxaemia, septicaemia and pyaemia.
- Chronic suppurative osteomyelitis. This may be further complicated by:
- a) Secondary amyloidosis.
- b) Epithelization of the sinuses which may later give rise to squamous cell carcinoma.

Biochemist ry

- *Compare between Von-Geirk's disease and mc Arde's disease
- •Answer:

	Von-Geirk's disease	Mc-Arde's disease
Defective enzyme	Glucose-6-phospahtase	Glycogen phosphorylase
Organ affected	Liver	Muscle
Most important	 Fasting hypoglycemia 	 Painful muscle cramps
symptom	& lactic acidosis	during exercise.
	Hepatomegaly	Increased serum level as
	Hyperlipidemia & ketosis	CK & LDH
	Hyperuricemia with gouty	
	arthritis	

Pharmacology

•Enumerate FOUR (4) drugs used in the treatment of myasthenia gravis and mention the mechanism of action of each drug in this case?

Answer:

- 1- Anticholine-esterase:
 - Neostigmine, Pyridostigmine and Ambenonium:
 - 1 Ach at both N & amp; M site (nicotinic and muscarinic sites)
 - + direct muscle stimulation

2- Atropine:

- Block unwanted muscarinic actions.
- 3- Adjuvant ttt:
 - a- Ephedrine: potentiates Neostigmine (VD of skeletal BV + facilitate NM transmission)
 - b- Caffeine: potentiates Neostigmine (direct stimulation of muscle)
- 4- Cortisol: ↓ antibody formation

Microbiology

•Give reasons:

Lymphocyte apoptosis is important in central tolerance.

- Central tolerance: negative selection
- •T cells expressing TCR that recognizes self-peptide (self-reactive clones) are deleted by apoptosis.



Thank You